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INTELLECTUAL PROPERTY LAW  
**KNOB, MARTENS, OLSON & BEA**  
 A LIMITED LIABILITY PARTNERSHIP INCLUDING  
 PROFESSIONAL CORPORATIONS  
**PATENT, TRADEMARK AND COPYRIGHT CAUSES**  
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Assistant Commissioner for Patents  
 Washington, D.C. 20231

**CERTIFICATE OF MAILING BY "EXPRESS MAIL"**

Attorney Docket No. : BEES.001A  
 Applicant : Paul Marie Gavarini  
 For : SYSTEM AND METHODS FOR  
 FACILITATING BUSINESS-TO-BUSINESS  
 ELECTRONIC COMMERCE  
 Attorney : Ronald J. Schoenbaum  
 "Express Mail"  
 Mailing Label No. : EL512369882US  
 Date of Deposit : June 30, 2000

I hereby certify that the accompanying

Transmittal; Specification in 28 pages; 30 sheets of drawings; Information Disclosure Statement, PTO Form 1449 with 5 references; A Preliminary Amendment and a Return Prepaid Postcard are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and are addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

DONALD KING

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ASSISTANT COMMISSIONER FOR PATENTS  
WASHINGTON, D.C. 20231

ATTENTION: BOX PATENT APPLICATION

Sir:

Transmitted herewith for filing is the patent application of

Inventor: Paul Marie Gavarini

For: **SYSTEM AND METHODS FOR FACILITATING BUSINESS-TO-BUSINESS ELECTRONIC  
COMMERCE**

This application claims priority to provisional application no. 60/142,287 filed on July 2, 1999 ("prior application").

Incorporation by Reference. The entire disclosure of the prior application is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

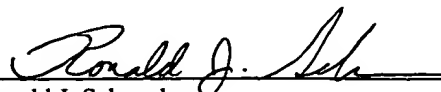
Enclosed are the following:

- (X) A copy of the prior application, including 30 sheets of informal drawings, to be used as the present application;
- (X) A Preliminary Amendment;
- (X) An Information Disclosure Statement;
- (X) A PTO Form 1449 listing five (5) references, copies of which are enclosed; and
- (X) A return prepaid postcard.

#### CLAIMS AS FILED

FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEE
Basic Fee			\$345	\$345
Total Claims	14 - 20 =	0 ×	\$9	\$0
Independent Claims	7 - 3 =	4 ×	\$39	\$156
If application contains any multiple dependent claims(s), then add			\$130	\$0
<b>FILING FEE TO BE PAID AT A LATER DATE</b>		<b>\$501.00</b>		

Please use Customer No. 20,995 for the correspondence address.

  
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